

<b>CLAIMS ONLY</b>							SERIAL NO. <div style="font-family: cursive; font-size: 1.2em;">09853962</div>	FILING DATE <div style="font-family: cursive; font-size: 1.2em;">05-10-01</div>
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*
1	1						51	
2		/					52	
3		/					53	
4		/					54	
5		/					55	
6		/					56	
7		/					57	
8	/						58	
9		/					59	
10		/					60	
11	1	X					61	
12		/					62	
13		/					63	
14		/					64	
15		/					65	
16		/					66	
17		/					67	
18		/					68	
19		/					69	
20		/					70	
21		/					71	
22							72	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	↓
TOTAL DEP.	18	↓		↓		↓	TOTAL DEP.	↓
TOTAL CLAIMS	20						TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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U.S. GPO: 19:38-443-593/89152